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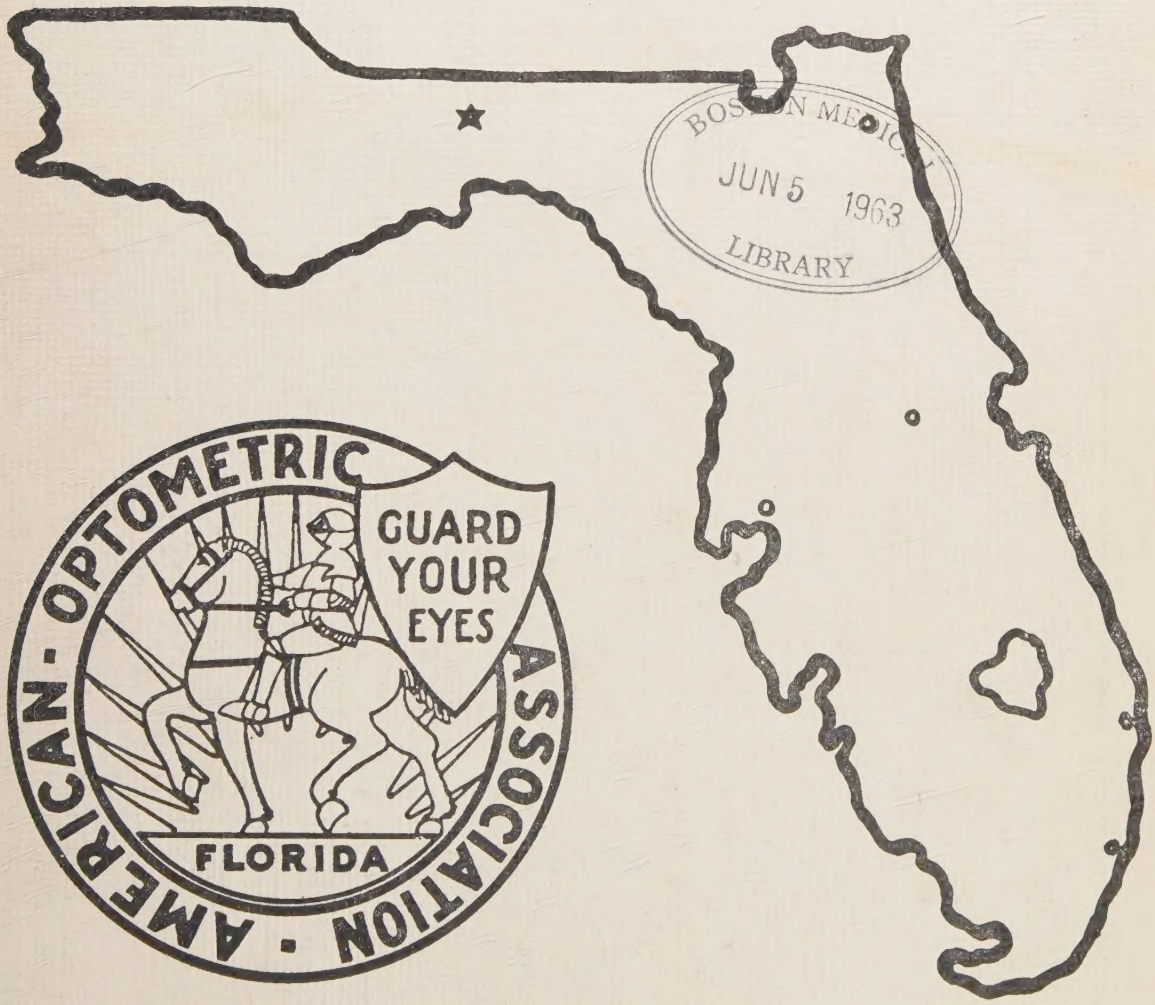
The FLORIDA OPTOMETRIST

VOLUME 3 SEPTEMBER-OCTOBER, 1946 NUMBER 11



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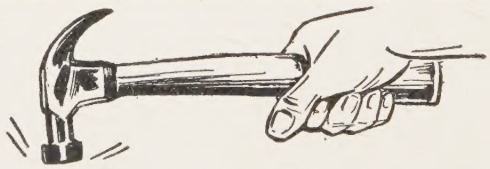

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The Florida Optometrist

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THE FLORIDA OPTOMETRIST
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The Florida Optometrist is published with the view of advancing the welfare of Optometry in Florida. The editors will appreciate your comment and suggestions. Manuscripts and correspondence should be addressed to the editor, Dr. R. Hilton Pemble, 408 Hall Building, St. Petersburg, Florida.

EDITORIAL

"And he dreamed, and beheld a ladder set up on the earth, and the top of it reached to heaven, etc."

This portion of a passage taken from the Bible tells of the dream that Jacob had, or the more familiar title of "Jacob's Ladder". A most significant truth is given in this passage namely that the ladder was set up on the earth. It is a fact that all our dreams have their footing or foundations on earthly things, and from these fundamentals, or footings soar upwards into space, yes even up to heaven.

All men have their dreams. In fact there has never been anything great accomplished in this world until it was first dreamed of, or conceived in the human mind. For this reason men should be very careful of the controlled dreams when dreaming or planning for their future business or profession. Especially if it is a profession to keep it in the line of the profession and not let himself dream of turning the profession into too much of a commercial business.

If one thinks only of the money profits derived from his efforts and not of the intrensic values of his profession, he may gain in wealth, but lose the pleasure, honor and integrity right-

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President's Message

Dear Fellow Optometrists:

This is the first opportunity I have had to convey my sincere thanks to all who have in the past, supported the cause to promote the future of Optometry in Florida.

We, as all other professions, are going through a very difficult post-war reconversion stage. What we do now will reflect on what we are in the future.

Optometry suffered some set-back during the past World War because of lack of recognition. If it had not been for our most able leaders in the American Optometric Association, Optometry might have gone down in defeat. These men deserve the heartfelt gratitude of each and everyone of the men who served in the Armed Forces and also those who served on the home front.

Now that the war is over we, as optometrists, must conduct ourselves in a manner that will reflect credit on us and command the respect of all with whom we come in contact.

We must have a strong Florida Optometric Association to combat the forces who will attempt to undermine our profession in the next session of the Legislature which will convene early in 1947. During this legislative year there will be times when all of you will be called on to give Optometry your support. If you, as individuals, fail to respond the results may be disastrous for all concerned.

I beg of you to wholeheartily support our cause as we go forward in our efforts to make Optometry a truly great profession.

Yours very truly,

GEORGE A. COPELAND, O D
President
Florida Optometric Ass'n

OPENS CORAL GABLES OFFICE

Dr. Leonard M. Glickstein, recently released from the Army medical corps, has opened offices at 2203 Ponce de Leon Blvd., Coral Gables. Before leaving the Army he was staff optometrist at Pratt General hospital.

The Patient's First Impression of You

By Dr. Donald C. Babcock

Have you ever put yourself in the patient's position the first time he or she walked into your reception room to seek professional service? Each patient forms a positive or negative impression of you before he sees you while waiting in the reception room. This impression is derived by the method the receptionist greets the patient, the operating procedure and the appearance of the reception room.

It would be well to make a few calls to a strange optometrist's, dentist's or physician's office and thoroughly analyze the impression of the doctor you receive as you are waiting to see him the first time.

After you have been greeted by the receptionist in this unfamiliar office, sit down, look around in the same manner the patient does.

The first question to ask yourself is, "Did the receptionist seem glad to see me and was I greeted in a friendly, cheerful manner, or did she greet me with this attitude in mind?" "Here comes somebody, I'll have to go over and see what he wants."

Observe her personal appearance and notice if her uniform is immaculate and her hair well groomed? Does she have soft refined features or is she painted like a chorus girl with hard corse features? When she answers the telephone is her voice sweet and cultivated? Is she mentally alert, active and a good conversationalist? Does she seem to have a systematic method of doing her work? Does she keep busy when she is not talking to patients, or does she read a magazine, file her nails, or just daydream?

Now examine the receptionist's desk. Is it neat, dustless, and orderly, or is it covered with pencils, erasers, record cards, blotters, paper-clips, memorandums, and just about everything else she will need to complete the weeks work?

Notice the arrangement of the furnishings. Are they clean, neat, and orderly, and has there been any definite thought given to a definite color scheme and style of furniture which is bright and cheerful and pleasing to the eye? How is the lighting system? (Optometrist's should be especially conscious of this.) Observe

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Contact Lenses or Potatoes

By Jerome B. Conlogue, O. D.
Peoria, Illinois

Farmer Jones hired a new hand. The first day he assigned the new help to the job of digging fifty post holes for a new fence. He figured it was more than one man could do, but that evening he was surprised to find all the post holes dug and in perfect alignment as he laid out. The next day Farmer Jones told the hired man to plow a twenty-acre field and plant a large field of potatoes, specifying exactly the length and distance between each row. Again that evening all was done exactly as ordered. The third day Farmer Jones decided he would be easy on his new man so he sent him to the basement to pick over a small bin of potatoes. At the end of the day he went to the basement to see the assorted potatoes. There he found the new man with only two bushels picked over.

"My good man," said the surprised Farmer Jones. "I am amazed to find so little done today. Yesterday and the day before you dug the post holes so well and quickly, planted the potatoes, and plowed the field. Yet today only two bushels of potatoes are finished. Why are you so slow on this job?"

"But today," said the hired man, "look at the decisions I have to make."

Optometrists are called upon, to make decisions. If you follow Skeff, it's a quarter power this way or that; if you subsidize the ethics of your profession it's fifty cents more or less; if you're on the umpteenth" floor, it's go out for lunch or pool your resources and have a good dinner. However today, added to the above problems, there is a comparatively new service medium on which all optometrists must make a decision—it is called CONTACT LENS and it is "no small potato."

For a number of years the contact lens has been available for work in our field, but only a few optometrists have taken it in and applied its service for the good of public health and the profession. Today the contact lens is not alone, or asking for work—it already is busy in the optometric field and its entourage comprised the contact lens technicians — without portfolio!

What are they doing in our field? Shall we get out the shotgun? Let's not! We always have too much plus or too little minus. We might miss—and then too, we haven't paid much attention to contact lenses to date. Perhaps it would be wise to get a little closer and see what kind of a job is being done by technicians in our field and how they happen to be there.

The contact lens technician was born in a contact lens laboratory. He was first sent into the refractive field about seven years ago —en masse more recently—to fill a need of the times. Through magazine articles, and after contact lens publicity, a public desire for this sensational visual agent was fostered by contact lens manufacturers. Optometrists and ophthalmologists—too busy—did not attempt to supply this demand, but should have questioned and regulated this new experimental refractive agent.

The contact lens manufacturer had a commodity to sell, but no outlets. This was a poor business setup for him so he did something about it. He trained people to physically fit a contact lens and sent them into the field. More contact lens selling articles were read by the public in national periodicals. Mats and pamphlets profusely illustrated, were distributed for the technician's use to sell the doctor and the public. Optometrist and physicians were given proper contact lens propaganda injections, and an easy-money proposition was offered to them by a local technician.

It was a good, sound business promotion and a logical one for the manufacturer. This is proved by the numerical results—over 100,000 contact lenses have been fitted to date. However, it was a sad experience for a good share of the 100,000 patients. More contact lenses are worn in dresser drawers today than on the eyes. Why? Experimentation, divided responsibility or lack of same between the technician, ophthalmologist, and optometrist. Contact lenses often work wonders but no matter how well they are physically and chemically fitted, it is still a human eye behind them with all the physical, physiological, and refractive condi-

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Contact Lenses

(Continued from Page 3)

tions which need the attention of an optometrist or ophthalmologist. Refractive diagnosis by technicians will account for a good share of the idle, dusty contacts scattered throughout the country. Of course, all failures are classified as solution problem cases.

However, there are some contact lens technicians working for reputable concerns who conscientiously apply their skill within their limitations. The harm has been done, not by these, but by the contact lens peddler. Stop and think a moment, doctor, do you know who diagnosed and wrote the prescription for the cases you sent to the "Abode of Invisible Lenses" in Chidunk, Kickapoo, or New Yonkers? Has the patient returned to your office and thanked you for your kick-back efforts?

Full blame for this condition must be credited to the ophthalmologists and the optometrists—certainly not the manufacturer. From this viewpoint he sold his product in a very successful manner. And, not the contact lens technician, as he only worked for the ophthalmologist and optometrist. How was he to know which case should and which case should not be fitted? The optometrist and ophthalmologist sent the cases to him. They thrust the lucrative and important status upon him. You can't hold him responsible for the health of the public, or criticize him. He just did his job. The existence of the contact lens technician for the past four years was as justified as the "spec-peddler" of forty years ago. Unless the ophthalmologists and optometrist intend to take up the full responsibility of contact lens work today, the technician will be as essential tomorrow as the optometrist today. However, whatever the future of the technician, he must either meet qualifications comparable to the responsibility he is to bear in this field, or he must maintain his true status as an assistant, to do only the physical fitting of contact lenses for optometrists and opthalmologists—not as he has been, doing everything except administering the anaesthetic, yet unqualified to take the responsibility of his work.

To date both good and evil have resulted from the contact lens manufacturer's and technician's lucrative experimental field day. The good result to date is the fact that much ad-

(Continued on Page Eleven)

The Patient's First Impression of You

(Continued from Page 2)

if it is ample for reading.

Pick up a magazine and note if it is a recent or an old issue. Are they neatly arranged on a table or magazine rack or scattered on the table and chairs?

Now ask yourself this question? "Is there something distinctive and outstanding about this reception room or is it just an average reception room with the usual arrangement of chairs and a desk, a girl in a white uniform? If there is something outstanding and impressive, and a systematized method of operating, is carried out, the impression will be positive. Immediately, we think there must be something outstanding and distinctive about this doctor's professional services. If there has been thought and planning given to the proper color scheme, furniture, lighting and training of the receptionist we assume he is going to give us that same careful thought in planning, and administering our individual professional care.

When the opposite condition prevails and there has been no consideration given to these details of the operating procedure, the receptionist and appearance of the reception room, —the negative impression takes place. If the doctor has been careless concerning these details, the patient assumes his professional services are of this same caliber.

First impressions are lasting. Let us make certain our are positive impressions.

EDITORIAL

(Continued from Page 1)

fully due him. The whole object and meaning of his profession is finally submerged under the powers of gain and greed.

Therefore, because man must dream, let him dream his dreams of improving his service to the public and thereby raise the standard of his profession. Hold fast to your dreams for from them come many imperishable things.

It is hoped that the optometrists will always hold their profession in the high professional standard due it and that their dreams will be to improve it in the professional way, living up to their Code of Ethics, and not considering the material gains of the moment for in the end they and the profession will live and prosper.

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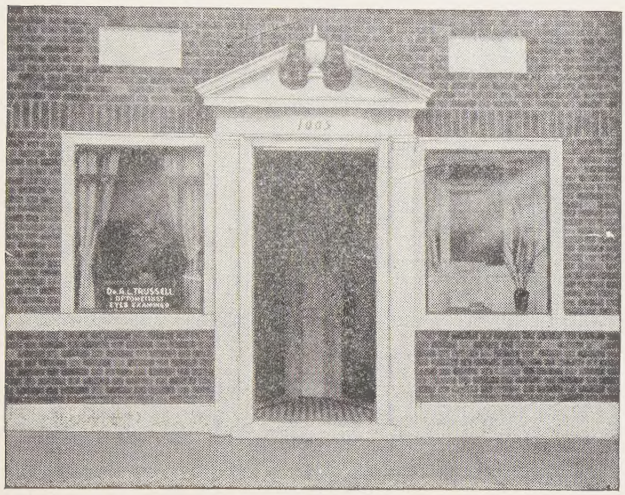
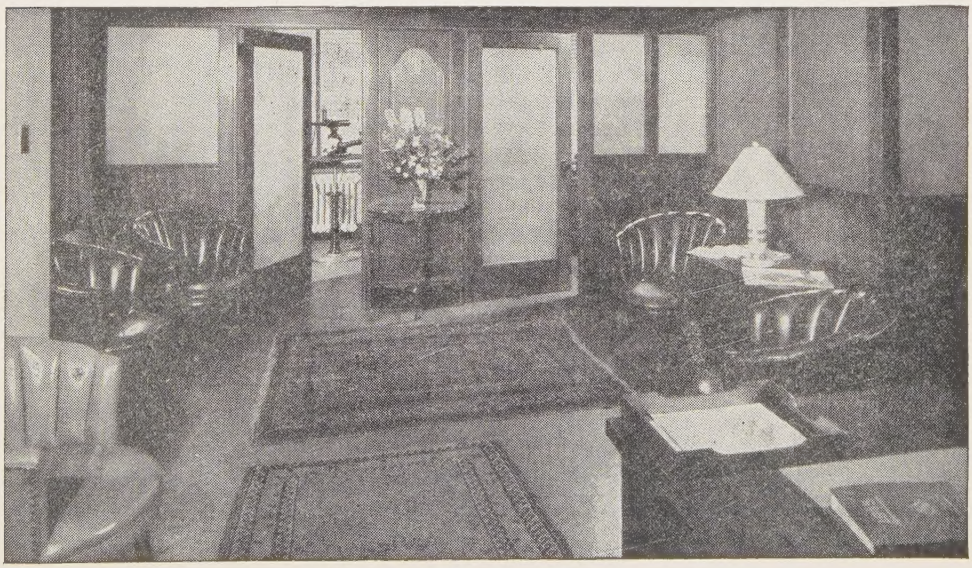


Changing the Store Front to a Professional Office

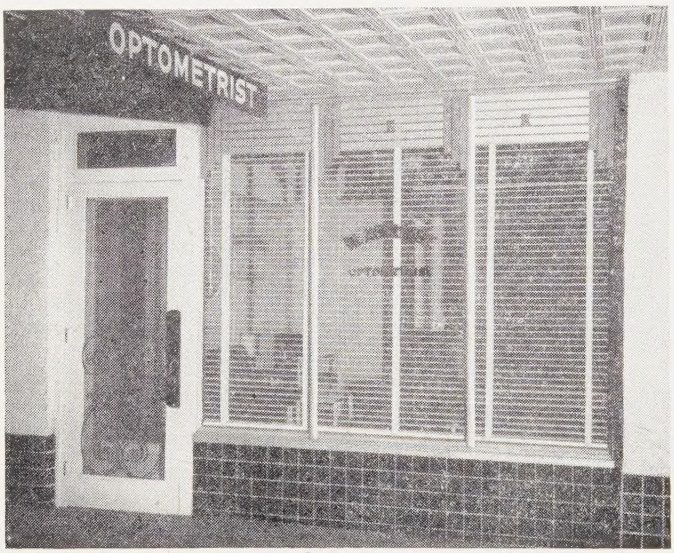
This attractive professional office exterior shows how Dr. A. L. Trussell of Baltimore, Md., converted a "store front" to his needs. The double doorway permits patients to enter the reception room by one door and leave the examining and fitting rooms by the other.

A Dignified Reception Room

from the offices of Dr. George Benedict, Rochester, N. Y., indicates the professional atmosphere which helps build his practice. Patients appreciate the comfort of this waiting room and the privacy of the separate examining and fitting rooms.



Attractive New Offices



VIEW OF FRONT OFFICE ENTRANCE AND SECTION OF RECEPTION ROOM

There is an old saying that "First impressions are lasting impressions" and that is why our first contacts with patients is so important. Nothing helps to impress and please a patient more than a modern, cheery, inviting office and reception room.

Money invested in improving your office is a sound investment and will pay big dividends.

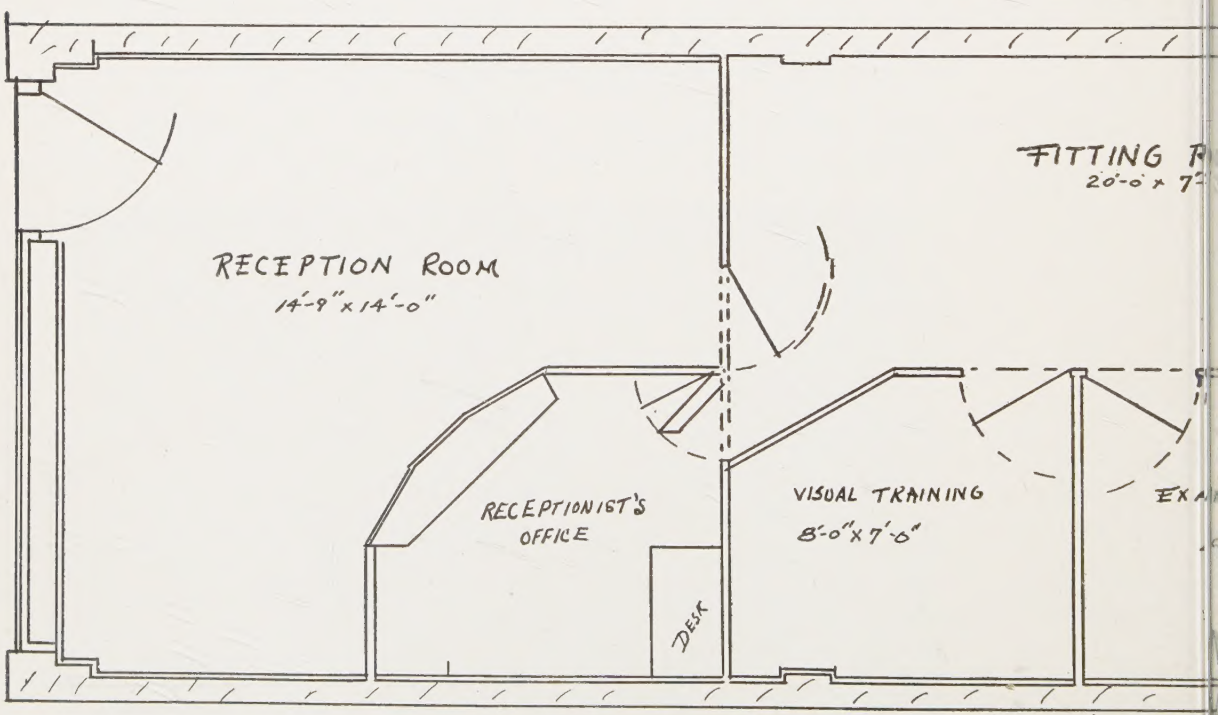
Shown here is the recently remodeled office of Dr. John R. Keene, 130 N. Orange Avenue, Orlando.

The finish of the wood in the reception room and the front office is done in what is known as Prima Vera, a species of white mahogany, imported from Africa and the trim is in ash and poplar.

The partitions dividing the refracting rooms, visual training room and the laboratory are of lacquered natural fir and poplar making a very beautiful and very impressive office.

The work was done by M. B. Birdsong of Orlando.

Dr. Keene graduated from the Northern Illinois College of Optometry, class of June 1940 and established his practice in Orlando in September of the same year. He is



FLOOR

NEW OFFICE OF DR. JOI

# of Dr. John R. Keene

member of Tomb & Key and Omega Epsilon Phi fraternaties, American Optomertic Association, Florida Optometric Association and is vice president of the Orlando Lions Club. His hobby is golf.

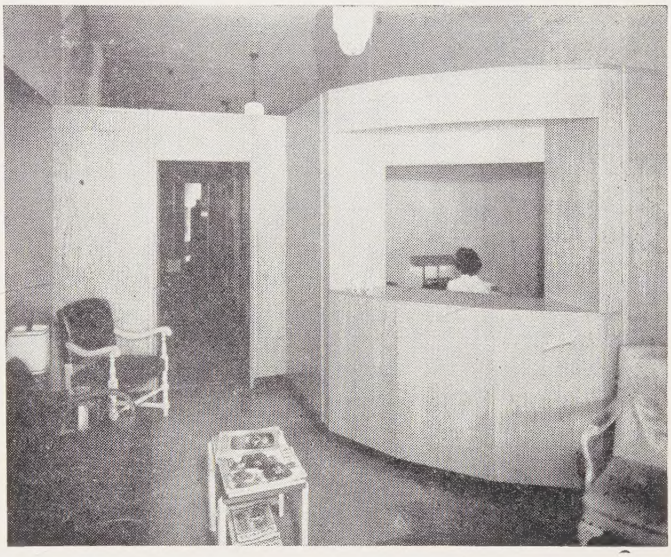
Dr. Charles L. Persons, graduate of Northern Illinois College of Optometry, class of December 1940, has been associated with Dr. Keene since March of this year. He served with the Army Medical Department for forty-four months of which twenty-two months were spent overseas and he was discharged in January of this year.

Miss Bernice Arnold is the receptionist and Mr. Harris Bennerr is the laboratory technician.

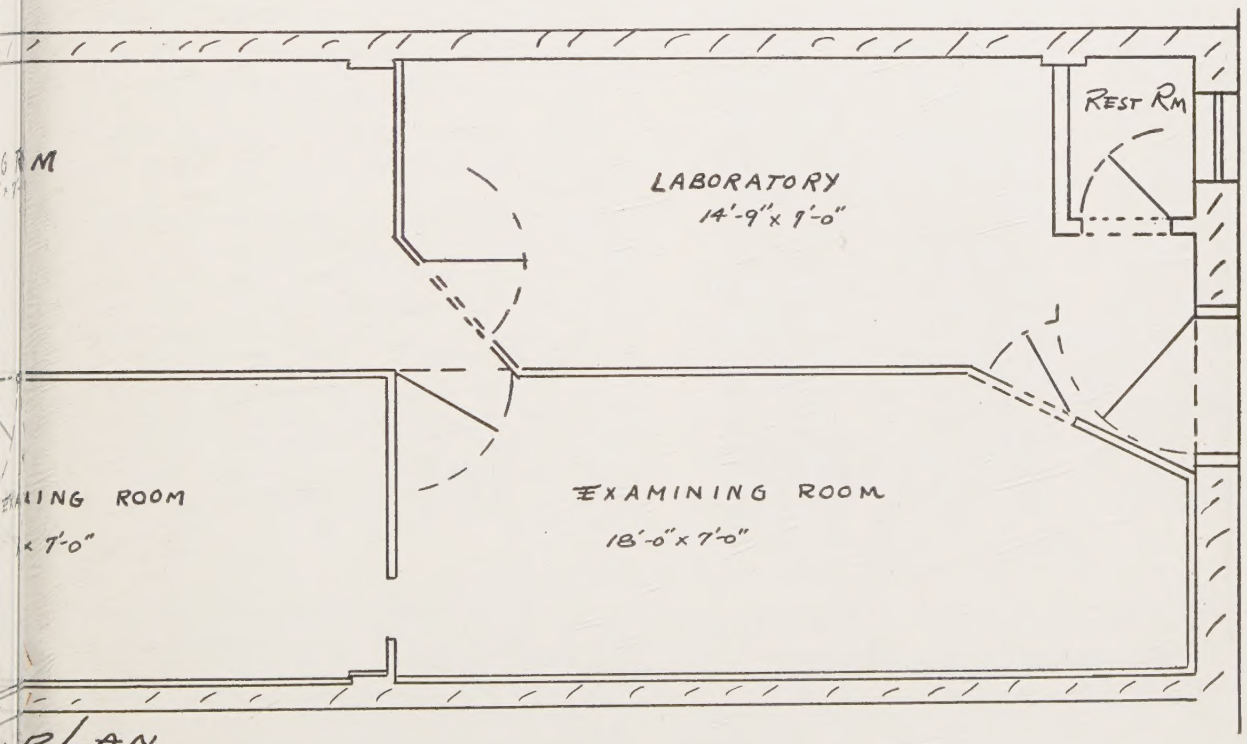
The Florida Optometrist welcomes the opportunity to feature pictures of this attractive office as well as the floor plan showing layout and office arrangement which we are sure will prove of genuine interest to our readers.

Dr. Keene is justly proud of his new offices and he extends a most cordial invitation to Florida Optometrists to visit him and inspect them when they are in Orlando.

We extend our congratulations to Dr. Keene.



VIEW OF RECEPTION ROOM AND RECEPTIONIST'S OFFICE



R. KEENE, ORLANDO, FLA.

Building An Optometric Practice

By Wm. M. Ketchum, O. D.

From Optical World

Dr. Ketchum who is a teacher as well as a practioner, writes his articles mainly with the thought of helping young optometrists.

As there will be an increasing number of optometry school graduates entering the profession during the next few years, due to the many servicemen who desire to become optometrists and now have the opportunity under federal government regulations, it may be well for them and also the returning optometric veterans who are resuming their practice to consider how best to obtain a sufficient number of patients to make their offices not only self-supporting but to provide a reasonable remuneration for the practitioner himself.

There are many things to be included in this regard and it will only be possible to mention some of these, and enlarge on a few, in this present article for the benefit of the new optometrists.

Location

Of course one of the first considerations must be location of your office. There was a time when most of the liceniates decided to open their office in the center, or as near the center as possible, of one of the larger cities, such as Los Angeles or San Francisco. Many however found it more desirable to locate in one of the smaller cities scattered throughout the state. Now, because of the traffic situation, as well as the scarcity of office space and high rents in the larger cities, most of those coming into optometry are locating in the outskirts, and find they can by so doing build a satisfactorily practice more quickly than would otherwise be the case.

Even some of our old-time optometrists, who have practiced in the downtown section for many years are moving out to the suburban areas and are very happy and well satisfied with the change they have made. More will probably follow their example in the years to come.

As to an upstairs or a downstairs location, that will depend largely on circumstances and available office space. It is our contention that wherever optometry is practiced it should bc separate from any other occupation, such as a jewelry or drug store, or a department store. If an office is being established outside of the central area of the city it will be found almost essential to do so in a downstairs location as office buildings are usually non-existent in such sections. However this should not prevent carrying on just as professional a practice, if window and reception room displays are eliminated and the office front is in keeping with other profession offices, such as those of dentists and physicians, in that same locality.

If the new recruit in optometry desires to accept employment with another optometrist who has an established practice he or she should be careful to select one who is practicing what today is known as "professional optometry," and not with one known as a "commercial outfit," although sometimes the temptation from an economic viewpoint may be very great. Once established in such surroundings it is much harder to break away than it is to start right from the beginning.

Equipment

And now as to the most desirable equipment to purchase for the new office. This is a matter to be decided by each practitioner according to his or her individual requirements and will depend largely upon location, as well as the available funds to be used for such a purpose.

In a previous article published in this magazine I listed, and briefly described, about fifty types of equipment for the use of optometrists. Of course it is not necessary to have all of these as many are duplicates as regards the purpose for which they may be used.

Careful selection of new equipment, with a minimum at the beginning to be added to as required, would in my opinion be the most desirable manner of handling this very important adjunct to the professional practice of optometry.

Receptionist

A well-trained and conscientious office assistant will be an almost indispensable part of the new organization. If it is not possible to obtain one who has already had some practical experience in an optometrist's office it is quite frequently entirely satisfactory to secure a young lady of pleasing personality who can be

trained by you in taking care of the details connected with your office practice.

Some optometrists have their assistant help with a certain amount of their patients' visual training or orthoptics. A good assistant can be of great help to the new optometrist in building a satisfactory optometric practice. Especially is this true in the matter of letter writing and keeping the books and records in proper order. If it is necessary to start at first without an assistant the new optometrist should be sure to obtain one as soon as that is feasible as she should soon be able to help enough to more than cover the additional expenditure of funds.

Mechanical Laboratory

Whether or not the new licentiate prefers to do at least a part of his own "shop-work" will depend entirely on his own inclination, but the location of his office must also be considered. In the larger cities optical laboratories are usually conveniently accessible to many optometrist, and even outside the center of the cities some optical laboratories have been established, or prompt and frequent messenger service is available. Where such is not the case sufficient mechanical equipment to do edging, drilling and mounting may be desirable to provide the patients with satisfactory service. It is often possible to train the office assistant to do at least a part of this mechanical work very satisfactorily.

Optometric Library

To my mind one of the most important parts of an optometrist's working tools is a good optometrical library. What would you think of a medical doctor, or an attorney, who did not have a rather complete and easily accessible library of books to keep him posted on the advances of the profession? The same applies to the professional optometrist. The recent optometric graduate should retain the books used while preparing to practice optometry and in addition add to these many standard books. These should include a number of the older but still authoritative writings, especially those upon which the practice of the profession is based.

However to keep up-to-date the modern optometrist will want to procure books of more recent publication and give them the attention they deserve It is also quite advisable in order to be well informed as to what is going or in the optometric world to subscribe to the several optometric magazines, including the

(Continued on Page 10)

Your patients will benefit from today's trend toward the acceptance of corrective eyewear as a fashionable accessory. Shuron's National Advertising of the Optical Wardrobe idea is helping to promote this healthy attitude. Here is Fiesta for glamour occasions; Shurset for home and business; and Sunglasses by Shuron for sports as shown in LIFE and POST.

SHURON OPTICAL COMPANY INC.
GENEVA, NEW YORK

Building An Optometric Practice

(Continued from Page 9)

one in which this article appears. Not only do these magazines keep one posted on the new developments in instrumentation, as well as in optometric material, but they always contain helpful articles on subjects of interest and benefit.

Optometric Organizations

Of course practically every optometrist will want to be affiliated with the local, State and National Optometric Associations. These not only make it possible for him to meet others who have the same interests and can be of assistance in helping to solve some intricate problem cases, but it also gives the optometrist opportunity to attend educational programs which are of inestimable value in keeping abreast with modern thinking and the application of new ideas in the practice of the profession.

Also those who belong to organized optometry and pay their dues promptly are doing their share to make it possible for optometric leaders to promote and protect the profession of which we all are a part.

Practice Building

All that has been previously written in this article pertains to those things considered essential to the establishment of an optometric office. Now let us give some attention to the other side of the picture which is concerned with the problem of how the new licentiate can become known in the community where he or she has decided to establish an optometric practice.

There are many ways in which this can be done without resorting to flamboyant advertising, which was formerly thought to be necessary to let the public know who and what you are. Of course the young optometrist must realize that all price advertising of glasses is illegal in California and some other states, and this has done much to improve the profession. While there are some who still feel it is necessary to use display advertising in the newspapers and the phone book, this method is not considered ethical by those who want to elevate the standards of optometry.

If you are beginning your practice in a locality where you have been living you will already have a certain number of prospective patients among those with whom you are acquainted. If this is not the case and you are starting from scratch then you should immediately make some connections through which you get to know people. These would include church and lodge affiliations, service club membership and the taking of some active part in civic and educational affairs as the opportunity offers.

I am still of the opinion that "satisfied patients are the best form of advertising," and just here is where we can begin to build and maintain a remunerative and permanent practice of optometry.

Do not expect a flood of patients to clamour at your door the moment you "hang out your shingle." It takes time to lay the foundation and build a following in optometry the same as it does in dentistry, medicine, law, or any other of the worthwhile professions.

As soon as your patients begin to refer others to you, which they will do if satisfied with your services, be sure always to write them thank-you letters. To maintain a practice, once it has begun to grow, my advice is to keep in touch with your patients through follow-up letters. These may be sent out at various intervals, one month, three, or six months, a year, or two years, according to the purpose in view. Your patients like to know that you have a continued interest in their ocular welfare and they will respond in many cases to a well-worded reminder that it is time to give further attention to their visual needs.

In order that this may be done satisfactorily a modern filing system must be installed so the records of every case will be available when wanted. It is advisable to check these records occasionally and select those patients to whom letters should be sent. Do not use form letters but have each letter typed and signed personally even though the same wording may be used for a designated group of patients all coming in the same category relative to the length of time that has transpired since they visited your office for ocular service.

DR. DAVIS SPEAKS TO ROTARIANS

Dr. J. B. Davis, Jr. of New Smyrna Beach did a good public relations job for Optometry recently when he spoke on the subject to members of the New Smyrna Beach Rotary Club on the matter of eye care. He pointed out the necessity of protecting the eyes against too much sunlight, which call for extra caution in Florida. His talk was well received and should prove of genuine help to Optometry.

ANNOUNCEMENT

The Florida mid-winter Optometric Congress will be held in Tampa at the Tampa Terrace Hotel January 19, 20, 21, 1947. Registration will be in the morning of the 19th with the first session starting at 2:00 o'clock P. M. On the program will be outstanding men, such as: Renshaw, Getman, Lesser, and Skeffington.

This will be strictly an Educational Congress with entertainment features left out. Just three days of study for those interested in the very latest methods of technique for Analysis and Visual Training.

Accomodations should be made well in advance direct to the hotel. Make plans now to attend. Reservations are in care of Dorothy Justice.

CONTACT LENSES

(Continued from Page 4)

vancement has been made in both fitting and the manufacturing of contact lenses through experimentation. The evil results are that many have been improperly refracted and contact lenses have been prescribed for others who should not have been fitted. These patients wear their contacts in their pockets, and now because of such results, many doctors question the practicability of contact lense. Had doctors, trained to do eye work and responsible for public health, applied their skill in the contact lens field, this condition would not exist.

Contact lenses are here to stay—they are the greatest visual agent since the invention of the spectacle itself. No questions about their practicability would exist in optometrists' and opthalmologists' minds if the comfort of vision and improvement of visual acuity could be witnessed in properly selected cases of high refractive errors, myopic, hyperopic, and astigmatic. Not to mention the results obtained beyond the reach of conventional spectacles in cases of keratoconus, scarred cornea, monocular aphakia, and the latest use of contact

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CONTACT LENSES

lenses—supplanting telescopic spectacles by the combined use of contacts and auxiliary spectacles, giving needed magnification and larger field of vision without "The Man from Mars" appearance. Certainly this new visual agent should be given the attention it deserves and has been wanting.

In spite of being generally neglected by refractionists these many years, and "footballed" by some manufacturers and technicians, contact lenses have survived—and it is hoped contact lenses will be able to bear a new onslaught taking shape at present. Many are taking contact lens courses ranging from three days to a few weeks. Soon literally thousands will be experimenting. How well the new contact lens practitioner serves his cases will depend on his adaptability to the work and whether he can learn enough in three days or a few weeks to become proficient. Many will never succeed, as a lot of patience and patients are necessary and a natural mechanical sense, essential for success.

During the experimenting of the newcomer in this field, many more contact lenses will be put on the shelf. This unfortunately must be, if many are to learn the art of contact lens fitting. The number of failures can be minimized by the cooperation of those now sucessfully fitting contact lenses and the neophite. A common meeting ground of all interested optometrists must be formed by every State Optometric Society. Many states have, or are forming sections, departments, or committees on contact lenses within their organization, based on the principles and controls laid down by the members of the A.O.A. department of ethics and Economics at the meeting held last December.

If you are doing contact lens work, or interested in adding this specialty to your optometric practice, you are urgently requested to write the Secretary of your State Optometric Society for information pertaining to contact lens activities in your state.

In order to safeguard the public against further exploitation by unqualified persons, let us start now to build our fences straight and strong, cultivate the contact lens field, and carefully qualify the proper practitioners to select and fit contact lens cases for the good of public health and the profession of optometry.—Illinois News.

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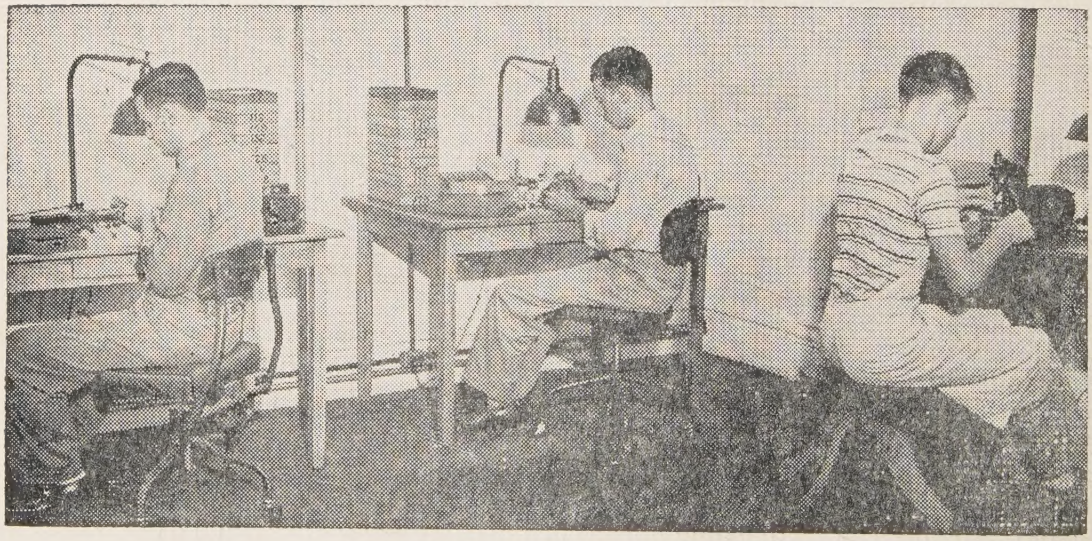

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